U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official
	11.00
E	(E 100)

1 File Number U. 3/1/a

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of a second files	
Name and address of person filing.	Name, file number, and address of labor organization.
Name Richard J Damm	Name Great Plains Laborers District Council
	Labor Organization File Number 542-992
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 12603 Rabbit Run Rd.	Street 6714 N. Frostwood Prkwy
City Ottumwa	City Peoria
State Iowa ZIP Code+4 52501	State Illinois ZIP Code + 4 61615
Position in labor organization. organizer	
	our spouse or minor child directly or indirectly had any of the following interests be exclusions set forth in the instructions):
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Name and address of Employer (including trade name, if any). dame None Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
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Name and address of Employer (including trade name, if any). Hame None Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 15. Signature and verification. The undersigned declares, under pensubmitted in this report (including the information contained in any accounts)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information ampanying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under pen	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature salty of Perjury and other applicable penalties of the law, that all of the information ampanying documents), has been examined by the signatory and is, to the best of the

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name None	a. Labor Organization			
Trade Name, if any:	b, Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street				
City 71B Code 4-4				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above)				
or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name None				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Please be advised that based on the records that are currently in my possession relating to the calendar year 2004. I do not have to the best of my knowledge any L-M 30 reportable transactions. I am filing this form in order to qualify as part of the Department of Labor Amnesty filing for 2004 and the prior five years.

Regards